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| Case Number: | CM15-0173445 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 11/07/2013 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/07/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male, who sustained an industrial injury on 11-07-2013. He has reported injury to the head, neck, and low back. The diagnoses have included closed head injury with cognitive impairment and post-traumatic possible seizure disorder; post-traumatic migraines; chronic intractable pain; neurogenic claudication; C5-6 disc degeneration; bilateral cervical radiculopathy; L4-L5 foraminal stenosis; right leg radiculopathy; and grade I spondylolisthesis L4-5. Treatment to date has included medications, diagnostics, vestibular rehabilitation, physical therapy, and home exercise program. Medications have included Norco, Anaprox, Amitriptyline, Imitrex, Zofran, and Protonix. A progress report from the treating physician, dated 07-23-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain with pain and numbness radiating into the bilateral upper extremities, with associated headaches; he rated his symptoms a 4 out of 10 on the visual analog scale with medications, which increases to a 6-7 out of 10 on the visual analog scale without medications; he rates his headaches as a 5 out of 10 in intensity with medications, which increases to an 8 out of 10 in intensity without medications; he complains of constant low back pain with numbness down the bilateral lower extremities; he rates his symptoms a 5 out of 10 in intensity with medications, which increases to a 7 out of 10 in intensity without medications; and he has increasing complaints of weakness in the bilateral lower extremities. Objective findings have included there is evidence of mild tenderness over the right mid cervical and right trapezius; orthopedic testing of the cervical spine revealed local pain; positive Tinel's and compression over the bilateral cubital tunnels; he walks with an antalgic gait, utilizing a seated

walker for ambulation; and there is palpable tenderness over the low lumbar region with spasm on the right at L4-5. The treatment plan has included the request for Norco 10-325mg, #120; Protonix 20mg, #60; and Imitrex 100mg, #15. The original utilization review, dated 08-07-2015, non-certified a request for Norco 10-325mg, #120; Protonix 20mg, #60; and Imitrex 100mg, #15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with pain and numbness radiating into the bilateral upper extremities, with associated headaches; he rated his symptoms a 4 out of 10 on the visual analog scale with medications, which increases to a 6-7 out of 10 on the visual analog scale without medications; he rates his headaches as a 5 out of 10 in intensity with medications, which increases to an 8 out of 10 in intensity without medications; he complains of constant low back pain with numbness down the bilateral lower extremities; he rates his symptoms a 5 out of 10 in intensity with medications, which increases to a 7 out of 10 in intensity without medications; and he has increasing complaints of weakness in the bilateral lower extremities. Objective findings have included there is evidence of mild tenderness over the right mid cervical and right trapezius; orthopedic testing of the cervical spine revealed local pain; positive Tinel's and compression over the bilateral cubital tunnels; he walks with an antalgic gait, utilizing a seated walker for ambulation; and there is palpable tenderness over the low lumbar region with spasm on the right at L4-5. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #120 is not medically necessary.

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Protonix 20mg, #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck pain with pain and numbness radiating into the bilateral upper extremities, with associated headaches; he rated his symptoms a 4 out of 10 on the visual analog scale with medications, which increases to a 6-7 out of 10 on the visual analog scale without medications; he rates his headaches as a 5 out of 10 in intensity with medications, which increases to an 8 out of 10 in intensity without medications; he complains of constant low back pain with numbness down the bilateral lower extremities; he rates his symptoms a 5 out of 10 in intensity with medications, which increases to a 7 out of 10 in intensity without medications; and he has increasing complaints of weakness in the bilateral lower extremities. Objective findings have included there is evidence of mild tenderness over the right mid cervical and right trapezius; orthopedic testing of the cervical spine revealed local pain; positive Tinel's and compression over the bilateral cubital tunnels; he walks with an antalgic gait, utilizing a seated walker for ambulation; and there is palpable tenderness over the low lumbar region with spasm on the right at L4-5. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Protonix 20mg, #60 is not medically necessary.

Imitrex 100mg, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The requested Imitrex 100mg, #15, is not medically necessary. CA MTUS is silent. ODG, Head Chapter, Triptans, noted that Triptans are recommended for migraine sufferers. The injured worker has neck pain with pain and numbness radiating into the bilateral upper extremities, with associated headaches; he rated his symptoms a 4 out of 10 on the visual analog scale with medications, which increases to a 6-7 out of 10 on the visual analog scale without medications; he rates his headaches as a 5 out of 10 in intensity with medications, which increases to an 8 out of 10 in intensity without medications; he complains of constant low back pain with numbness down the bilateral lower extremities; he rates his symptoms a 5 out of 10 in intensity with medications, which increases to a 7 out of 10 in intensity without medications; and he has increasing complaints of weakness in the bilateral lower extremities. Objective findings have included there is evidence of mild tenderness over the right mid cervical and right

trapezius; orthopedic testing of the cervical spine revealed local pain; positive Tinel's and compression over the bilateral cubital tunnels; he walks with an antalgic gait, utilizing a seated walker for ambulation; and there is palpable tenderness over the low lumbar region with spasm on the right at L4-5. The treating physician has not documented duration of treatment, detailed description of migraine cephalgia symptomatology, nor functional improvement from previous use. The criteria not having been met Imitrex 100mg, #15 is not medically necessary.